PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

spond to a collection of information unless it displays a valid OMB control number.				
Application Number	10/791,430			
Filing Date	03/01/2004			
First Named Inventor	Magnuson, Thomas			
Art Unit	3724			
Examiner Name	Alie, Ghassem			
Attorney Docket Number	00098-00219			

				
I hereby revoke a	all previous powers of	f attorney given in the above-identifie	d application.	
A Power of A	Attorney is submitted he	erewith.		
OR		Г		
X I hereby ap	point the practitioners a	associated with the Customer Number:	000070130	
Please chang	ge the correspondence	address for the above-identified application	tion to:	
	X The address associated with Customer Number: 000070130			
OR				
Firm or Individual Na	ame			
Address		######################################		
		Γου,	T	
City		State	Zip	
Country				
Telephone		Email		
I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
	SIGNATU	RE of Applicant or Assignee of Recor	rd	
Signature	ZR WILL			
	ies R. Wills			
Date	128/08	<u> </u>	0-898-8153	
NOTE: Signatures of all the signature is required, see		rd of the entire interest or their representative(s) are requi	red. Submit multiple forms if more than one	
X *Total of3	forms are submitted.			

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to res

REVOCATION OF POWER OF ATTORNEY WITH **NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS**

ss it displays a valid OMB control number.
10/791,430
03/01/2004
Magnuson, Thomas
3724
Alie, Ghassem
00098-00219

I hereby revoke all pre	evious powers of attorne	ev given in the	above-identifie	ed application	ı.
	ey is submitted herewith.				
OR X I hereby appoint	the practitioners associate	ed with the Cus	tomer Number:	0000701	30
Please change the correspondence address for the above-identified application to: X The address associated with Customer Number: 000070130					
OR				·	
Firm <i>or</i> Individual Name					
Address					•
		State		Zip	
City Country		Jiait		1 217	
Telephone			Email	<u>. </u>	
I am the:					
X Applicant/Inven	tor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature Thomas R. Magna					
Manage	R. Magnuson (1			
	28/08			0-898-	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
1	forms are submitted.				is to file (and by the USPTO

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

spond to a conection of information unless it displays a valid OMB control number				
Application Number	10/791,430			
Filing Date	03/01/2004			
First Named Inventor	Magnuson, Thomas			
Art Unit	3724			
Examiner Name	Alie, Ghassem			
Attorney Docket Number	00098-00219			

I hereby revoke all pr	evious powers of attor	nev given in the a	hove-identified ar	polication
THE EBY TOVORE AND	orious porrois or accor		ibove lacitimed ap	, John Carlott,
A Power of Attorn	ney is submitted herewith	1.		
0.5				
OR				
X I hereby appoint	the practitioners associa	ted with the Custo	mer Number: 0	00070130
	, , , , , , , , , , , , , , , , , , , ,			
Please change the	e correspondence addre	ss for the above-ide	entified application	to:
	associated with	00070400		
Customer Nu	ımber: U	00070130		
OR				
Firm <i>or</i> Individual Name				
Address				
City	-	State		Zip
Country				
Telephone		E	Email	
l am the:				
X Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature Jose F. L. C				
Name Jess R. \				
Date 1/28	/08	Tele	ephone \$30.	S14-2872
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
(3)	forms are submitted.			

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.